

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)							SERIAL NO.	FILING DATE
							APPLICANT(S)	10/07/0084
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/		/		51	/
2		/		/		/	52	/
3		/		/		/	53	/
4		/		/		/	54	/
5		/		/		/	55	/
6	/		/		/		56	/
7		/		/		/	57	/
8	/		/		/		58	/
9		/		/		/	59	/
10	/		/		/		60	/
11		/		/		/	61	/
12	/		/		/		62	/
13		/		/		/	63	/
14		/		/		/	64	/
15	/		/		/		65	/
16		/		/		/	66	/
17	/		/		/		67	/
18		/		/		/	68	/
19		/		/		/	69	/
20	/		/		/		70	/
21	/		/		/		71	/
22	/		/		/		72	/
23	/		/		/		73	/
24	/		/		/		74	/
25	/		/		/		75	/
26	/		/		/		76	/
27	/		/		/		77	/
28	/		/		/		78	/
29	/		/		/		79	/
30	/		/		/		80	/
31	/		/		/		81	/
32	/		/		/		82	/
33	/		/		/		83	/
34	/		/		/		84	/
35	/		/		/		85	/
36	/		/		/		86	/
37	/		/		/		87	/
38	/		/		/		88	/
39	/		/		/		89	/
40	/		/		/		90	/
41	/		/		/		91	/
42	/		/		/		92	/
43	/		/		/		93	/
44	/		/		/		94	/
45	/		/		/		95	/
46	/		/		/		96	/
47	/		/		/		97	/
48	/		/		/		98	/
49	/		/		/		99	/
50	/		/		/		100	/
TOTAL IND.	11		11		11		TOTAL IND.	
TOTAL DEP.		46		46		46	TOTAL DEP.	
TOTAL CLAIMS	11	46	11	46	11	46	TOTAL CLAIMS	